## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

L						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2020-619037		
	G T Distributors, Inc.					
2	AUSTIN, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 05/13/2020		
~	eing filed.					
	COLLIN COUNTY			Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.					
	IFB 2020-186 Safety Wear					
4		Nature of interest				
	Name of Interested Party	City, State, Country (place of business)		(check applicable)		
_				Controlling	Intermediary	
			$\neg$			
			7			
_			$\dashv$			
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			$\dashv$			
Check only if there is NO Interested Party.						
ı	JNSWORN DECLARATION					
ſ	My name isDAVID CURTIS	, and my date of bi	rth is_			
١	My address is	(4)		(5 pode)	- (country)	
	(street)	(city) (state	-/	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
E	Executed inCounty,	State of TEXAS on the 13	<u>th</u> da	ay of <u>MAY</u> (month)	_, 20 <u>20</u> . (year)	
	Signature of authorized agent of contracting business entity (Declarant)					